

# Release Form

Please return this portion to the Recreation Department

I am aware that participation in this type of recreation activity - **Adult Indoor Soccer League** - may result in injury. I agree that the Borough of Chambersburg, its representative(s), and/or all other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury or accident that may occur.

Your Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ E-mail \_\_\_\_\_

D.O.B. \_\_\_\_\_ Circle Residency Boro Guilfrd Green Hamltn Lrgan Lky Other

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone

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